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WORLD POPULATION

By October this year, the world's population will have reached six billion, twice what it was in 1960! Population is still increasing by more than 80 million a year and will continue to do so for most of the next decade. Are we prepared for the challenge ahead? In this edition of **World Chronicle**, Dr. Nafis Sadik, Executive Director of the United Nations Population Fund, discusses issues faced by societies everywhere, such as the rapid growth of adolescent and elderly populations.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues.

Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

October 1999 will bring a milestone in the history of humankind. The world population will reach the mark of six billion. But there is not much to celebrate. According to the United Nations Population Fund, UNFPA, 2.6 billion people still lack basic sanitation, 1.5 billion have no access to clean water, 1.1 billion do not have decent housing and some 900 million do not benefit from modern health services. With such enormous problems, can the gap between the rich and the poor be bridged in the next century?

Our guest today is the Executive Director of the UN Population Fund since 1987. She is Dr. Nafis Sadik, a leading expert in the fields of family planning, health and development. Joining me to talk with Dr. Sadik is Evgueni Menkes of *RIA "Novosti"* and Farhan Haq of *InterPress Service*.

Dr. Sadik, welcome to **World Chronicle**.

SADIK: Thank you.

LITTLEJOHNS: Dr. Sadik at the Hague Forum on the population question which was essentially held to celebrate five years since the Cairo Population Conference of 1994, according to *The Earth Times* which covered it very comprehensively, there is still an uneasy consensus on population. Do you consider that there is an uneasy consensus on population?

SADIK: I wouldn't say that there is an uneasy consensus on population. I think it makes for a good headline and encourages people to read the content. I think when you read the content it says in fact that there is a great deal of progress, there is a great deal of momentum. And since the conference in Cairo in 1994 most countries in the developing world have adopted the approach that was suggested in Cairo, which is to have a more people-centred approach to population and development rather than a top-down demographic approach. Other strategies that were agreed were that family planning

should not be treated as just a vertical programme for fertility issues but should be rather a comprehensive, reproductive health programme a concept which, other than services ,also introduces the concept of empowerment of women, choices for women and men, attention to violence, other issues that impinge on ....

LITTLEJOHNS: Violence against women particularly.

SADIK: Right ... violence against women, particularly empowerment of women. And thirdly that countries should make every effort to pursue a more developmental approach to population rather than this top-down demographic approach. The conference was population and development.

LITTLEJOHNS: So are you saying that the Population Fund is getting away from birth control, population control and into other areas than population?

SADIK: No. We concentrate our programme on reproductive health, including family planning and sexual health, but in that context include these other issues particularly...

LITTLEJOHNS: Violence as well?

SADIK: Violence is very much part of it because when you take the context as reproduction health, violence has a very important impact on the health of women, especially the reproductive health. It includes issues like female genital mutilation, age of marriage, rape, incest within the household and, you know, issues of those kinds as well. And it also encourages advocacy for other areas like investment in education – especially getting girls to school, keeping them in school – access to basic health for girls and women, enabling women to make decisions about whether they will marry, who they will marry and also to treat them as individuals rather than as just producers of children which is in fact the way women are perceived.

LITTLEJOHNS: Dr. Sadik, surely UNFPA can't do very much about that because there are a lot of religious, cultural and national governmental factors involved? I mean, how can you influence such things?

SADIK: I think that's the role of the United Nations to have norms and standards which we have agreed to internationally and all the governments of the world

agreed with those norms and standards. Then the UN has to speak out at the country level and this is what we mean by advocacy. We, individually, cannot change obviously. Change has to come from within the country. But we can use the norms and standards to provide information on the facts on what are the harmful effects, what is the situation in a particular country rather than hiding the situation. So for example, issues like rape, incest, violence, which were very much private, so to speak, family issues, were not spoken about even though we keep talking about human rights. But the human rights of half of the population or of a quarter of the world's population was not really mentioned because it was taboo. I think those taboos are now broken and those are the ways in which the UN, and the UNFPA included...

LITTLEJOHNS: But rape victims in many countries – several countries anyway – according to a woman we had on the programme fairly recently, women who are victims of incest and rape are sometimes killed by their families.

SADIK: Absolutely. I think that we have recent programmes on the matter of honour, these honour killings but I think the fact that they are now shown is absolutely, I think, a beginning of what I hope will start to change it because then human rights activists have started to dig these cases out to the public. Before the same things happened and probably more but they were never brought to public attention. I think that now that these issues are in the public attention, there will be change, although you see revulsion within societies. I think women who were not coming forward to report some of these cases – and still they don't, but before nobody came forward – are now getting the courage because there are groups established within countries. And I think that's where organizations like ours can make a difference because the UN provides an umbrella, a forum and allows NGOs and activists that are working within countries to come forward and get some support. And therefore UN organizations have to be courageous, have to speak out and have to provide that avenue for the expression of revulsion against practices that we talked about.

MENKES: Madame, in her presentation to The Hague Forum, the First Lady of the United States, Hillary Rodham Clinton, expressed hope that by the year 2015, all over

the world the rights of the girls and women will be respected and that access to reproductive health and family planning services will become universal. But do we really have any serious reason to believe that in a mere 15 years that problems which are centuries old could be solved?

SADIK: I think that when we talk about access that does not mean that everybody who needs it or wants it will be using it, but at the moment something like 300 million people don't have access to basic services and I think that in the mere 15 years, I hope that much earlier, there will be universal access. I think that that is a goal which is eminently achievable. I don't think that it's really something that's very – even optimistic or even ambitious. I think that it's a very realistic goal. In the five years since the Cairo Conference, and this is what we are reviewing this year, a lot has happened and developing countries – I think that's the most encouraging part – have started to increase their domestic allocations to basic health programmes, especially reproductive health, including family planning programmes. And you see that in every region of the world. And our estimates are that developing countries have increased by about a billion or 1.5 billion dollars their investment in these programmes, so I think that's very encouraging. It's a question of the political will. I believe now that economists and planners have started to also pay attention – much more attention — to social sector investments. Now the financial institutions, the World Bank is looking at social investment as part of basic development strategy. Even the IMF, they are now doing these structural adjustments programmes. They are making some efforts to protect the investment in the social sectors. So my answer to your question is, yes, very much yes, and that we must make it happen. And I am quite encouraged by the recent progress in the developing countries in particular.

MENKES: Are you happy about the participation of the different representatives of governments, of inter-government organizations, of the level of representation at The Hague Forum? Are you happy with it? Are you satisfied with it?

SADIK: At The Hague Forum, we particularly wanted people who were involved in operations to be present because this was a technical review. It was a review of how actually the ICPD programme of action was being implemented, to look at some of

the progress and perhaps share that experience, but also to identify the constraints and the obstacles that we need to address in order to fully implement. As far as developing countries were concerned, we had something like 100 countries represented at ministerial level so I think it was a higher level than, in fact, we had expected. So I think that the level of participation was high and they were all the right people because they were able to talk about their programme experiences.

HAQ: Dr. Sadik at the same time, as you noted, the progress among the developing nations in terms of financing population programmes the amount of money from the industrialized world going towards overseas development assistance for these sorts of population programmes is actually in a little bit of a slight decline, and of course the United States is also recently de-funded your organization – the Population Fund. I was wondering whether you felt concerned that momentum seems to be slackening off among the richest countries even as the poorest countries are, as you said, trying harder to do their bit?

SADIK: I think that that is correct. In the first two years after the Cairo Conference all the developed countries increased their contributions. Since last year, and this year, it sort of levelled out and this year, as you said, the US has de-funded UNFPA. But we are hopeful that the administration – the US administration – which still strongly supports the UNFPA, and the population and reproductive health programmes, is trying to do something to re-fund us during 1999 as well. This year several donors have also indicated that they will increase their contribution. Japan continues to be our number one donor. In spite of their economic difficulties they have made a big effort to show a slight increase to us and I think we'll also try to increase their bilateral aid programme and some of that will be also channelled through the UNFPA. The Netherlands has – the parliamentary level decided that 4 percent of their ODA will go to population programmes and Netherlands ODA is set at 0.9 percent of their GNP is ODA and that is related to their GNP. So in fact it's like an automatic increase. This year, as they said, the increase is not very large but still it is an increase so they will increase. The Nordics have indicated also an increase and the UK has announced to us already a substantial increase. So I think that

with the report that we just did about global funding and the fact that developed countries are behind seems to have had some effect on at least a few governments. I hope this review process this year will encourage governments to do more in the area of population and reproductive health, not the least because they can see this great momentum and the great response from the developing countries. I believe that one of the big successes of The Hague Forum was this demonstration. I've heard this from many governments since the forum concluded that they were really pleasantly surprised and very pleased with the way the discussion went. Obviously there's not consensus on all issues on how to address them but the fact that many difficult issues which we were not able to discuss easily previously were on the table and there was not sort of any kind of confrontational and no use of culture and religion or social difficulties as a reason for not doing . Governments accepted that problems could be addressed in a certain way but they would have to see how these progress or how this approach could be adopted to their own particular situations. I think that those were very encouraging signs for the international donor community and of course I believe that our programmes are really cost-effective and do make a difference.

LITTLEJOHNS: This is **World Chronicle**. Our guest is Dr. Nafis Sadik, Executive Director of the UN Population Fund. Dr. Sadik, let's talk a bit about the issue of abortion. You have been accused in UNFPA of helping China carry out coerced abortions and this is one of the things which have been raised as a reason for de-funding your population fund by the United States. It's also a reason given for the United States' failure to pay its arrears to the UN as a whole which are now in the area of 1.5 billion dollars. Tell us what the facts are in that situation.

SADIK: I don't think that we have been accused by the US of doing any such things – as funding, or abetting forced abortion in China.

LITTLEJOHNS: Well, by certain people ...

SADIK: I think it is the Congress that has some people ...

LITTLEJOHNS: Are you separating the country from the Congress?

SADIK: Yes, I think the administration from the Congress. I think the

administration's views are very clear because the administration, which is a member of the UNFPA Executive Board, voted for the China programme that we have in China today which is absolutely along the principles agreed in the International Conference on Population and Development. In the 32 counties that we are up working in China the one-child policy is suspended. There are no quotas and targets. This is publicly announced. The local officials have been trained, the provincial authorities have been trained and we are helping with counselling services, with improving the quality of the services. And I think that all the members of our Executive Board are very pleased with the programme and, in fact, say that this is the kind of engagement that the UN should be involved with in countries which have some – are not in fact implementing the norms. As far as the US is concerned, in the Congress there are some people who are opposed to abortion in general and then there are some people who are opposed also to family planning but they use abortion as a way to attack family planning; and there are people in the Congress who have some difficulties with China and the policies of China and all of this came together. And as far as the funding of the UN is concerned, they put a rider which has nothing to do with the international community, which is purely to do with the domestic issue of abortion, and attached it to the UN funding bill. So the two are totally unrelated and people often wonder why an abortion rider bill is on a UN funding bill. And the interesting thing is that last year, when they had this abortion rider bill on the UN funding, the UNFPA got its funding last year. So it was quite a strange situation. This year, as you know, the UNFPA got de-funded because we are told by some people from within the administration that the Congress wanted to have some sacrificial lamb and otherwise, it would have been the IMF funding and the IMF funding was obviously considered more important for the global economy, although in fact I believe that our funding was probably the most important.

LITTLEJOHNS: More money involved?

SADIK: A lot more money involved, yes. The reason used was in fact we are in the China programme but in fact that is not a very adequate reason because the US is a member. The US administration explained why they supported the programme and

believed that it is a very good programme. They had made visits themselves to China.

LITTLEJOHNS: Congressmen have?

SADIK: Some Congressmen have and the US administration officials. The Chinese are being quite open as far as our programme is concerned that anyone who wants to can come and inspect, come and evaluate and visit the programme. And up to now whoever is asked – several governments have asked to visit and have taken that and have come back – not everything is okay – but have come back with a positive image.

HAQ: Now are there controversies relating to abortion that seem to be coming up even as the technologies about abortion progresses. I'm thinking specifically of things like RU486 but also of emergency ....

SADIK: Emergency contraception.

LITTLEJOHNS: You mean the emergency abortion pills?

HAQ: Yes. And it seemed at The Hague Forum in February that the Vatican came out not just against RU 486, which does have something to do with abortions, but with the concept of emergency contraception in general even though it seems that UN agencies like the UN High Commissioner for Refugees are using these precisely to help protect refugee women who have been raped and so forth. And I was wondering what stance is the Population Fund taking on this and how is it able to weather the criticisms of the Vatican and the conservative Catholic states?

SADIK: Well, as far as we are concerned, emergency contraception is not an abortifacient because the WHO technical advice is that – and you know they have guidelines, a handbook on emergency contraception and states very clearly that it is not an abortifacient. It prevents conception and therefore it should be used as a protection for anyone who wants to avoid a pregnancy within 72 weeks of an exposure and certainly ....

LITTLEJOHNS: How long?

SADIK: 72 hours.

LITTLEJOHNS: 72 hours.

SADIK: Yes. Did I say 72 – no 72 hours after exposure. And in the case of rape and violence, certainly the health providers should know and should be able to

provide information to women that even though they have been violated and there's violence against them, that they can and are able to protect themselves against that pregnancy. The Vatican has come out against emergency contraception but they also, of course, consider other modern methods of contraception also as abortifacient. They are against the IUD, they are against oral contraceptives and emergency contraception is in fact a variety of an oral contraception, which used in certain formulations and within a certain time period just prevents ovulation or implantation. I don't think that we can be guided by the Vatican. We have to be guided by a technical, scientific organization. And we take all our technical advice from WHO on all matters related to...

LITTLEJOHNS: World Health Organization.

SADIK: ... the world Health Organization – on all matters related to contraception.

HAQ: Madame, I have seen on the website of WFP the so-called AIDS clock which was produced by your Fund for UN/AIDS. Will you tell us a little bit how does it work this clock? Did you get the idea from the famous atomic clock of the *Bulletin of Atomic Scientist?*

SADIK: No, not at all.

HAQ: And generally speaking, if I may finish up with my question, will you tell us whether – I guess the Fund has been doing a lot of work about AIDS – is it possible to say whether in any of the countries, you have watched really the decrease of this awful disease due to the activities of your Fund?

SADIK: The AIDS clock idea comes from our own clock. We have a Population count-down clock which shows you every minute the numbers that are added to the world's population and the AIDS clock idea came from that. I think the AIDS pandemic, especially in countries of the Sub-Sahara Africa region, is a very serious problem and a serious concern. And some countries, like Botswana with a very high income level, life expectancy was expected to go up to the 60's. By the year 2000 it is going down, in fact, to I understand something like 47. The same with Zimbabwe, South Africa which is making progress in many ways but as far as AIDS is concerned, its 25

percent prevalence of AIDS in their society. It's a very important and serious problem and has to do with reproductive health, with sexual behaviour, sexuality perceptions. It's also a concern because half the new infections are occurring in young people -- girls 15 to 24, some even as young as 11 to 14. So it's sort of affecting the future of many of these societies.

MENKES: So how does this clock of yours work?

SADIK: The clock just shows the incidence of the new rates of infection of HIV/AIDS every minute and so on and it's, you know, trying to create awareness of the intensity of the problem but there are some good examples. Uganda is a country where just a few years ago the highest rate of infections were in Uganda and everyone considered Uganda in a sense a basket case as far as the AIDS epidemic was concerned. And they have turned it around and they have turned it around by a fairly strong political commitment from the highest level. It is the President that himself talks about how to prevent AIDS, what needs to be done, agreed that condoms must be distributed freely, that there should be training -- education, sex education for young people because AIDS was increasing amongst the young. So you know phased it in a very pragmatic way and in fact overcame cultural, religious, social prejudices on how to address it because adolescent education, for example, is a problem that we have had great difficulty with in addressing. But looking at the example of Uganda, we hope other countries will follow, use. The incidence of AIDS is going down, so the prevalence levels have already gone and what's even more encouraging is life expectancy in Uganda has started to go back up where in fact, it had really gone down. It's starting to go back up. Another very good example is that of Thailand. Again, Thailand was a country where in fact AIDS prevalence was very high and it was comparable to many of the African countries and also they have a large number of commercial sex workers -- young girls and so on in the commercial sex trade -- and yet they have managed to turn it around. The AIDS increase is reducing and the numbers are going down.

LITTLEJOHNS: Dr. Sadik, that's all the time we have. Thank you for being with us on this edition of **World Chronicle.** Our guest has been Dr. Nafis Sadik, Executive

Director of the UN Population Fund. She was interviewed by Evgueni Menkes of *RIA "Novosti"* and Farhan Haq of *InterPress Service*. I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle.**